

LI 00000 70496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

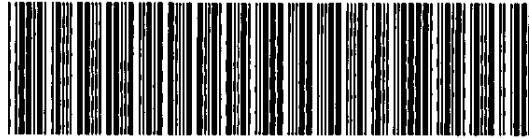
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 25 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: STOP AND SAVE AUTO REPAIR LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**NORMAN STEVEN LYONS**  
Name of Person  
**STOP AND SAVE AUTO REPAIR LLC**  
Firm/Company  
**501 SOUTH FALKENBUR RD SUITE C-15**  
Address  
**TAMPA FLORIDA 33619**  
City/State and Zip Code  
**SLYONS1824@YAHOO.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**NORMAN STEVEN LYONS** at ( **813** ) **431-8981**  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**STOP AND SAVE AUTO REPAIR LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07-02-2010 and assigned Florida document number L10000070496.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

***(Principal office address MUST BE A STREET ADDRESS)***

**Enter new mailing address, if applicable:**

***(Mailing address MAY BE A POST OFFICE BOX)***

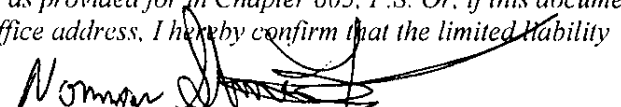
**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

<u>Name of New Registered Agent:</u>	<u>NORMAN STEVEN LYONS</u>
<u>New Registered Office Address:</u>	<u>501 SOUTH FALKENBURG ROAD, SUITE C15</u> <small>Enter Florida street address</small>
	<u>TAMPA</u> , Florida <u>33619</u> <small>City Zip Code</small>

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**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Norman Steven Lyons  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALEXANDER S BELL	24650 VICTORIA WOOD CT	<input type="checkbox"/> Add
		LUTZ, FL 33559	<input checked="" type="checkbox"/> Remove
MGRM	MARVILYN LEE LYONS	1824 CRAVEN DRIVE	<input checked="" type="checkbox"/> Add
		SEFFNER, FL 33584	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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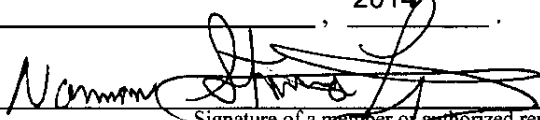
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10-28, 2014



Signature of a member or authorized representative of a member

NORMAN STEVEN LYONS

Typed or printed name of signee

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Filing Fee: \$25.00

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